



# CITY OF BURBANK ANNUAL WASTE COLLECTOR PERMIT RENEWAL

## **SECTION I GENERAL INFORMATION**

Company Name	
Street Address	
Mailing Address	
Phone Number	
Fax Number	
Email Address	
Contact Person	
Burbank Business License Number	
Is this company owned by a "parent" or "umbrella" company? If so, indicate company name, address, and phone: _____	
_____	

## **SECTION II SCHEDULE AND ROUTE INFORMATION**

Service Description/Rates (attach rate sheet if necessary)	
Days of Route Schedules	
Holiday Schedules	
Days of Route Schedules	All Recyclables:
	All Greenwaste:
	All Other Solid Waste:
Number of trucks operating in Burbank (please provide information required on the other side of this form)	

## **SECTION III CUSTOMER INFORMATION**

Total number of Burbank customers serviced by regular solid waste collection	
Estimated annual Burbank tonnage of solid waste collected	
Estimated annual Burbank tonnage of recyclables collected	
Number of Burbank multi-residential complexes participating in recycling and/or greenwaste programs	
Number of Burbank commercial/industrial/institutional entities participating in recycling and/or greenwaste programs	

# CITY OF BURBANK

## ANNUAL WASTE COLLECTOR PERMIT

Please provide the vehicle license numbers of all the vehicles you operate in Burbank:

Vehicle License Number \_\_\_\_\_

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Vehicle License Number \_\_\_\_\_

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All waste collectors operating and/or located in the City of Burbank agree to indemnify and hold the City of Burbank harmless from any liability including liability under the Comprehensive Environmental Response Compensation and Liability Act (CERCLA).

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return to: Burbank Recycle Center  
500 South Flower Street  
Burbank CA 91502